

Receipt # \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
TUMBLING  
(AGES 6-10)  
October 10- December 1, 2005  
Monday or Thursday  
4:00 - 5:00 p.m.  
At Lincoln Community Center**

\_\_\_\_\_ **Mondays Ages 6-8**

\_\_\_\_\_ **Thursdays Ages 9-10**

Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street)

\_\_\_\_\_ Zip \_\_\_\_\_  
(city)

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

**WAIVER AND RELEASE**

We, the undersigned, being the parents of \_\_\_\_\_, our son/daughter, being fully aware of the dangers inherent to the sport of Tumbling, in consideration of the City of Troy, Troy Recreation Department, and its agents and servants, Lincoln Community Center Director, instructor of the tumbling program and the supervisory staff, do give permission for our child to participate in the program, and we do expressly waive any and all claims and rights of whatever nature, which may arise against the aforementioned as a result of injuries incurred by our child while participating in this program.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent or legal guardian)

**REGISTRATION FEE: \$12.00**

\_\_\_\_\_ **PAID**

**REFUND POLICY:** Department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.

**PLEASE PAY SPECIAL NOTE TO REFUND POLICY. THERE WILL BE NO EXCEPTIONS!!!**